

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571606

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
4		2					
5	1		1				
6							
7							
8		2					
9			1				
10	1		1				
11							
12							
13							
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16							
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19							
20	1		1				
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50							
TOTAL IND.		↓	✓	↓		↓	
TOTAL DEP.		←	25	←		←	
TOTAL CLAIMS			29				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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97							
98							
99							
100							
TOTAL IND.					↓		
TOTAL DEP.					←		
TOTAL CLAIMS							